



State of Washington
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Consumer Services
P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258

ESCROW AGENT STATUS CHANGE APPLICATION

EFFECTIVE DATE OF CHANGE: _____ **LICENSE NUMBER:** _____

PLEASE CHECK ALL APPLICABLE BOXES:

- ☐ Main office address change \$25.00 ☐ Branch office address change \$25.00 ☐ Business Structure change \$25.00
☐ Main office name change ** \$25.00 ☐ Branch office name change** \$25.00 ☐ Other (explain): _____ \$25.00

** See note regarding name changes in instructions on reverse

PREVIOUS INFORMATION:

COMPANY NAME: _____
Proper entity name *Trade name or "dba"*

PHYSICAL ADDRESS: _____

City *County* *State* *Zip*

Phone *Fax* *e-mail address*

MAILING ADDRESS: _____
If different

City *County* *State* *Zip*

BUSINESS STRUCTURE ☐ CORPORATION ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC
☐ OTHER _____

Federal Tax Identification Number

Washington State Unified Business Identification Number

NEW INFORMATION:

COMPANY NAME: _____
Proper entity name *Trade name or "dba"*

PHYSICAL ADDRESS: _____

City *County* *State* *Zip*

Phone *Fax* *e-mail address*

MAILING ADDRESS: _____
If different

City *County* *State* *Zip*

BUSINESS STRUCTURE ☐ CORPORATION ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ LLC
☐ OTHER _____

Federal Tax Identification Number

Washington State Unified Business Identification Number

ESCROW AGENT STATUS CHANGE APPLICATION (continued)

Please **print** the last name and first name of each licensed escrow officer employed at this office (attach additional sheets of paper if necessary):

1.	_____	_____	_____	2.	_____	_____	_____
	<i>Last name</i>	<i>First name</i>	<i>Middle</i>		<i>Last name</i>	<i>First name</i>	<i>Middle</i>
3.	_____	_____	_____	4.	_____	_____	_____
	<i>Last name</i>	<i>First name</i>	<i>Middle</i>		<i>Last name</i>	<i>First name</i>	<i>Middle</i>
5.	_____	_____	_____	6.	_____	_____	_____
	<i>Last name</i>	<i>First name</i>	<i>Middle</i>		<i>Last name</i>	<i>First name</i>	<i>Middle</i>
7.	_____	_____	_____	8.	_____	_____	_____
	<i>Last name</i>	<i>First name</i>	<i>Middle</i>		<i>Last name</i>	<i>First name</i>	<i>Middle</i>

INSTRUCTIONS FOR CHANGE OF ESCROW AGENT ADDRESS OR NAME

1. Complete this 2-page form and enclose the appropriate fee(s). Make check(s) payable to the "Washington State Treasurer."
 2. In the space provided above, list the complete name of each licensed Escrow Officer employed at the above address (including the DEO). Provide \$25.00 fee for each officer to transfer the Escrow Officer license.
 3. ****Note:** If you are planning to **change the name** of the Escrow Agent **company**, you must check the availability of the desired new name with DFI as well as the Secretary of State's office (for Corporations or LLCs). The Department of Licensing, Master Business Licensing registers trade ("dba") names as well. Please don't order signs, stationery, advertising, etc. until you have received confirmation (from all agencies) that your chosen name is available. Please send written (mail, e-mail, or fax) request to each agency; including desired names (ranked by preference), a contact person and their phone and fax numbers. Each agency will reply separately. If available, DFI will reserve a desired name here for up to 60 days.
 4. Surrender the original escrow agent license showing the former company address/name.
 5. Surrender the original license(s) of all escrow officer(s) (including DEO) showing the former company address/name.
 6. Mail all documentation to DFI as per letterhead on page 1.
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ESCROW AGENT SIGNATURE AND OATH OF APPLICANT

I hereby swear and affirm that the information contained herein and attachments hereto are true and correct to the best of my knowledge. Further, the provisions of Revised Code of Washington 18.44 and Regulations promulgated by the Department of Financial Institutions in furtherance of such Code provisions and contained in Washington Administrative Code have been reviewed by the principals and responsible parties of the applicant as listed herein, and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. This application is submitted in furtherance of the applicant's desire to obtain from the Director of the Washington Department of Financial Institutions, a license to engage in the business of an escrow agent, as defined in chapter 18.44 RCW. Any false statement or omission of material information in connection with this application shall be punished as provided by law and may subject the applicant to denial of a license or the revocation of any license granted.

BY: _____
Signature of Authorized Official

Date

Printed name of Authorized Official

Title